GWL Voices Insights

# The Next WHO Director-General: A Test for Gender Equality in Global Health Leadership

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The race to lead the World Health Organization (WHO) has officially begun. While Member States have until **24 September 2026** to nominate candidates, the political conversations started months ago. The election may still be almost a year away, but governments are already testing alliances, weighing geopolitical trade-offs and quietly promoting potential contenders.

This is far more than a routine leadership transition. The next Director-General will inherit an organization navigating one of the most challenging periods in its history: rebuilding trust after COVID-19, implementing the landmark Pandemic Agreement, responding to multiple humanitarian crises, and securing sustainable financing in an increasingly fragmented geopolitical environment. The new leader will also have to confront the unprecedented withdrawal of the United States and Argentina from the Organization, a development that has intensified concerns about the future of multilateral cooperation in global health and raised fears that other countries could follow suit.

**The next WHO Director-General will therefore need to combine scientific credibility with exceptional diplomatic skills.** As one senior global health insider recently described it, the ideal candidate is "a unicorn": someone capable of balancing the interests of almost 200 Member States while protecting the organization's technical independence and public legitimacy.

## An open contest since 2017

The election follows a multi-stage process designed to ensure both transparency and political legitimacy.

All WHO Member States may nominate one candidate. Nominees present their vision for the organization before participating in a public candidates' forum, where governments can assess their priorities and leadership style. The WHO Executive Board then interviews candidates and, following a secret ballot, selects up to three names to forward to the World Health Assembly. The final appointment will take place during the **80th World Health Assembly in May 2027**, with the successful candidate taking office after Dr. Tedros Adhanom Ghebreyesus completes his second and final term in August 2027.

Unlike previous elections, there will be no incumbent seeking re-election. Tedros, first elected in 2017 and reappointed in 2022, has reached the constitutional two-term limit, making this a **genuinely open contest.**

## Where are the women?

Although no official candidates have yet been nominated, global health circles are already discussing more than a dozen potential contenders from Europe, Asia, Latin America and the Middle East. Many of the names currently circulating are men, including Indonesia's Health Minister **Budi Gunadi Sadikin**; WHO Assistant Director-General **Jeremy Farrar**; Germany's former Health Minister **Karl Lauterbach**; WHO Regional Director for Europe **Hans Kluge**; PAHO Director **Jarbas Barbosa**; former WHO Health Emergencies Programme Executive Director **Michael Ryan**; former Chief of Staff to German Chancellor Angela Merkel **Helge Braun**; and **Saia Ma'u Piukala**, WHO Regional Director for the Western Pacific.

Yet several highly qualified women are also emerging as serious possibilities. These include **Hanan Balkhy**, WHO Regional Director for the Eastern Mediterranean; **Hanan Mohammed Al Kuwari**, Qatar's former Minister of Public Health; **Anne-Claire Amprou**, France's Ambassador for Global Health and one of the architects of the 2025 Pandemic Agreement; **Marisol Touraine**, former French Minister of Health; **Cathrine Lofthus** of Norway; and **Sania Nishtar**, CEO of Gavi and a finalist in the 2017 WHO leadership race.

The next Director-General will inherit an organization that has made important progress in mainstreaming gender since its origins. Yet **many of WHO's own assessments acknowledge that implementation remains uneven and that women continue to be underrepresented in the highest decision-making positions across global health.** The question of women's representation is not only reflected in the history of the Director-General position but also in WHO's own leadership structures. According to the Organization's latest workforce statistics, women make up the majority of WHO's overall workforce, yet they remain underrepresented in the most senior decision-making positions. While gender parity has improved steadily in recent years, women continue to be less represented at the highest professional grades (D1, D2 and Assistant Director-General levels), where strategic and political decisions are made. This gap has been repeatedly acknowledged in WHO's Gender Equality and Human Rights reports, which identify leadership parity as an essential component of building a more inclusive and effective organization.

The Executive Board, which shortlists candidates before the election by the World Health Assembly, continues to be predominantly male. Likewise, although women have gained representation among Member State delegations, **men still occupy the majority of senior political and ministerial positions that shape national votes in the World Health Assembly**. As with many other international organizations, the leadership of WHO is therefore determined through decision-making processes in which men continue to be disproportionately represented.

WHO has long argued that gender shapes health outcomes, influences access to care and strengthens health systems. Applying that same logic to global health governance means recognizing that leadership itself also matters. **If gender equality is central to better health, it should also be central to deciding who leads the world's leading health institution.**

## An opportunity

Since WHO was founded in 1948, only two women have served as Director-General: Gro Harlem Brundtland (1998–2003) and GWL Voices member Margaret Chan (2007–2017). Seven men have occupied the position. **Women have therefore held the Organization's highest office for only around 15 of WHO's nearly 80 years of existence, illustrating how leadership at the top has remained overwhelmingly male despite decades of commitments to gender equality.** At the current length of a Director-General's mandate, it would take approximately six female Directors-General (around 30 years of leadership) to bring women's cumulative years in office close to parity with men's. In GWL Voices WIM 2026 we found that this historical imbalance also stands in contrast to broader trends across the multilateral system. GWL Voices' latest *Women in Multilateralism* analysis finds that women currently lead 46% of the 62 organizations it tracks, the closest the system has come to gender parity. Yet the same analysis also shows that progress remains uneven: 21 organizations have never been led by a woman, and another 20 have done so only once. WHO therefore reflects a wider pattern of persistent leadership inequality, despite gradual improvements across multilateral institutions.

For an organization that consistently advocates for gender equality in health systems worldwide, this imbalance raises an uncomfortable question: can global health governance credibly champion equality externally while remaining so unequal at its highest level? GWL Voices' Spotlight on *Women in Global Health Leadership* analysis found that at the regional level, progress has also been uneven at WHO: women have led the Americas for **26%** of its history (20 of 78 years), Europe for **13%** (10 of 76 years), Africa for **14%** (10 of 71 years), South-East Asia for **14%** (11 of 77 years), and the Eastern Mediterranean for just **1%** (1 of 76 years). The Western Pacific Region has **never** had a woman Regional Director.

The issue extends beyond symbolism. Leadership determines institutional priorities, shapes diplomatic negotiations, influences funding relationships and ultimately affects how the world's leading health agency responds to crises. Over the past decade, WHO has strengthened the integration of gender across its strategic frameworks, embedding gender, equity and human rights as cross-cutting priorities in its General Programme of Work and institutional policies. Yet the Organization's own evaluations conclude that mainstreaming alone has not been sufficient. They identify persistent gaps in strategic leadership, accountability, dedicated resources and organizational direction, warning that without stronger leadership, gender risks becoming "everywhere and nowhere": formally embedded in policy but inconsistently translated into practice.

## The real question is political

The WHO election will not simply reward the most technically qualified candidate. Like every senior UN appointment, it will be influenced by regional dynamics, donor priorities, geopolitical considerations, and coalition-building among Member States

That is precisely why gender equality cannot be treated as an afterthought. **The challenge is not whether qualified women exist (they clearly do). The challenge is whether Member States are willing to nominate them**, campaign for them and ultimately elect them.

The next WHO Director-General will shape global health governance for the next five years. The election is therefore not only about who leads the WHO: it is also about whether the international community is prepared to translate decades of commitments to gender equality into leadership at the highest level.